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| **胎内市国民健康保険　資格確認書等交付申請書**  （あて先）　胎内市長   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 記号・番号 | | | 胎内 |  |  |  |  |  |  |  |  |  |  | | 被保険者 | 氏名 | | 生年月日 | | | | | 個人番号 | | | | | | |  | | 昭・平・令　　年　　月　　日 | | | | |  | | | | | | |  | | 昭・平・令　　年　　月　　日 | | | | |  | | | | | | |  | | 昭・平・令　　年　　月　　日 | | | | |  | | | | | | |  | | 昭・平・令　　年　　月　　日 | | | | |  | | | | | | |  | | 昭・平・令　　年　　月　　日 | | | | |  | | | | | | | 交付する  証明書等 | | １．資格確認書  ２．限度額適用・標準負担額減額認定証  ３．限度額適用認定証  ４．特定疾病療養受療証  ５. 資格情報のお知らせ | | | | | | | | | | | | | 申請の理由 | | １．紛失　　２．破損・汚損　　３．介助が必要なため | | | | | | | | | | | | | 上記について交付申請します。  　令和　　　年　　　月　　　日  　　　　　　住　所　胎内市  　　　　　　個人番号  世帯主氏名  申請者氏名　　　　　　　　　　　　 　（世帯主の場合は記入不要）  　　　　　　　　　　電話番号　　　　　　　　（　　　　　） | | | | | | | | | | | | | |   別世帯の方が申請・受領する場合は下記の欄も記入してください。   |  | | --- | | 【委任欄】交付を受ける申請を次の者に委任します。  　令和　　　年　　　月　　　日  委任する人（申請者）氏　　名  委任を受ける人　　　住　　所  　　　　　　　　　　　氏　　名  　　　　電話番号　　　　　　（　　　　　）  委任する人との関係 | | | | | |
| **職員処理欄** | 交付年月日 | 令和　　　年　　　月　　　日 | | |
| 交付方法 | １．窓口交付　　２．郵送交付 | | |
| 本人確認方法 | １．顔写真付きの公的証明書  ２．顔写真なしの公的証明書２点以上 | 受付担当 | 要介助 |
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